2019 Annual Report to The School Community

School Name: Monash Children's Hospital School (6364)

- All teachers at the school meet the registration requirements of the Victorian Institute of Teaching (www.vit.vic.edu.au).
- The school meets prescribed minimum standards for registration as regulated by the Victorian Registration and Qualifications Authority (VRQA) in accordance with the *Education and Training Reform (ETR) Act 2006.* This includes schools granted an exemption by the VRQA until 31 December 2019 from the minimum standards for student enrolment numbers and/or curriculum framework for school language program.
- The school is compliant with the Child Safe Standards prescribed in *Ministerial Order No. 870 – Child Safe Standards, Managing Risk of Child Abuse in School*.

Attested on 21 May 2020 at 08:06 AM by Colin Dobson (Principal)

The 2019 Annual Report to the school community:
- has been tabled and endorsed at a meeting of the school council
- will be publicly shared with the school community.

Attested on 27 May 2020 at 09:17 AM by Catherine McAdam (School Council President)

About Our School

School context

Monash Children's Hospital School (MCHS) is a Department of Education and Training school located within Monash Children's Hospital. The school has been established to provide education for children who are inpatients and/or outpatients of Monash Children's Hospital inclusive of Early in Life Mental Health Services (ELMHS).

Monash Children's Hospital School delivers education services alongside a patient's treatment, recovery and reintegration. It supports patients with significant health conditions who are at-risk of disengaging from education, or who are unable to attend their regular educational setting due to their health condition. The intent of the school is to provide educational experiences and outcomes that children and young people would have had, had they not been experiencing a significant health condition. Our teachers work closely with the young person, their families, their treating team and their regular educational setting.

School Vision
Our children and young people will have access to high quality teaching and learning that will ensure continuity of their education regardless of their health condition.

Model of Learning
An individualised program is created for each student, inclusive of their own school work and/or learning tasks developed by Monash Children's Hospital School teachers. This can occur in the following formats:
•   One-on-one sessions at the patient's bedside and on the ward
•   Small group learning classes, which take place on the wards and in specific activity rooms
•   Classroom learning with groups of up to ten students
Our teachers work closely with Monash Children's Hospital medical/health professionals as part of a multidisciplinary approach and provide education for students aged 5-18 years of age. We aim to build a safe and supportive environment and culture, one that promotes positive relationships, values diversity and supports the holistic development of our students.

Advocacy
While the young person is an inpatient/outpatient of Monash Children's Hospital (inclusive of ELMHS) the teachers can also act as educational advocates for the young person and their family.
•   Treatment Phase: Establish and maintain contact with the young person's regular educational setting in a supportive and confidential manner in order to provide continuity with their learning.
•   Recovery Phase: Ongoing conversations and liaising between home, hospital and school for the period of time the young person is recovering at home.
•   Reintegration Phase: Provide support to the young person and the family to assist in a smooth and positive reintegration to school/TAFE.

Staffing
Monash Children's Hospital School employs 21 staff members (17.7 equivalent full time) encompassing: 2 Principal class, 3 leading teachers/learning specialists, 13 teachers and 2.5 educational support staff members. The school is a part of a multidisciplinary team and has access to Monash Health medical and health personnel: doctors, nurses, allied health, interpreters, indigenous liaison officers, social workers etc.The student population is extremely fluid and changes on a daily basis, depending on the number of young people who are inpatient/outpatients of Monash Children's Hospital inclusive of Early In Life Mental Health Services. The time frame that students are supported by MCHS is varied and can range from a couple of days to a number of months.

Framework for Improving Student Outcomes (FISO)

1: Building Practice Excellence
Key Improvement Strategies
KIS 1: Build teacher capacity to identify and teach to each student's individual point of learning need

KIS 2: Development of agreed school-wide principles for MCHS learning maps and individual educational plans

2: Setting expectations and promoting inclusion
KIS 1: High standards are enforced, employing explicit strategies, policies, procedures and programs to teach and encourage respectful behaviour, school connectedness and engagement
KIS 2: Develop and implement online student and parent/caregiver's surveys for long and frequent admissions

3: Building Communities
KIS 1: Investigate, monitor, analyse and review a broad range of data (occurrences of service) to establish MCHS needs for future expansion
KIS 2: Review current MCHS inpatient needs and establish the MCHS (plus) model which includes the expansion of MCHS inpatient, outpatient and outreach services

Achievement

Goal: To achieve a targeted personalised learning program for every student

K!S 1: Build teacher capacity to identify and teach to each student's individual point of learning need
KIS 2: Development of agreed school-wide principles for MCHS learning maps and individual educational plans

The MCHS staff members' knowledge and understanding of personalsing learning for each and every student developed significantly throughout the year. Each student had an individualised learning plan that focused on literacy, numeracy and Resilience, Rights and Respectful Relationships (RRRR). If school work is sent from the student's base school then these learning tasks were placed on the student's learning plan. The staff professional learning program specifically targeted personalised learning and each staff member had this as a goal within their Performance and Development Plan (PDP). Weekly collaborative sessions were held where staff members shared information about the student's learning with their colleagues. Through this collaborative coaching model, staff members provided support and constructive feedback to their colleagues and focussed on how the educational program for each and every child could be further strengthened. All staff members had the opportunity to coach and be coached. Staff members were appointed to a whole school literacy, numeracy or RRRR professional learning team. The staff members developed their understanding of literacy, numeracy and RRRR content. This provided staff with the skills, knowledge and understanding to identify the student's learning needs through the development of authentic screening tools and then develop rich and meaningful learning tasks that specifically target the point of need for each young person. The 2019 AIP Goals, staff members PDP's and the comprehensive professional learning program were fully aligned.

Each staff member was required to create 4 student case studies. These case studies provided a background of each child and captured the impact that the MCHS learning experience had on these young people.

Engagement

Goal 2: To strengthen MCHS as a safe, supportive and inclusive learning community

KIS 1: High standards are enforced, employing explicit strategies, policies, procedures and programs to teach and encourage respectful behaviour, school connectedness and engagement
KIS 2: Develop and implement online student and parent/caregiver's surveys for long and frequent admissions

Staff members carefully considered the health condition of the child and were acutely aware of the impact of this health condition on the child's capacity to learn. The child's intellectual, emotional, social and physical needs are always considered when developing a personalised program for each young person.

MCHS further developed the school database to capture key information about the students which in turn allowed staff to record the teaching and learning development and progress of each young person. This system evolved throughout

2019 and was transferred onto the online platform - 'OneDrive'. This 'platform' change was embraced by the MCHS staff members. This information gathering system will continue to be a priority in 2020 as MCHS captures specific student data for: teaching sessions, family meetings, base school communications etc. Monash Children's Hospital protocols and procedures were also followed by MCHS staff to ensure relevant educational information was recorded on the Electronic Medical Records (EMR). This EMR system was introduced to the hospital throughout 2019. Monash Children's Hospital School continued to refine its own processes and procedures to ensure that there was transparent and effective information flow between MCHS, families, treating teams, base schools and other key educational organisations. Student surveys were developed and captured 'student voice'. These surveys were used as a measure to ascertain the effectiveness of the MCHS education program that was provided to the young people.

In 2019, Deloitte Access Economics carried out a comprehensive evaluation of Monash Children's Hospital School for the Department of Education and Training. This significant evaluation interviewed and surveyed all key stakeholders: patients, families, Monash Children's Hospital staff, Department of Education personnel, Monash Children's Hospital staff, MCH School Council members and Principals and teachers from base schools. This evaluation report was praiseworthy of the work that was carried out by MCHS. The report also outlined some clear recommendations for the future development of this unique school which genuinely integrates health and education. These recommendations focussed on the natural expansion of MCHS in regard to educational support that could be provided to inpatients, outpatients and outreach services, especially in the area of mental health.

Wellbeing

To build a safe and supportive environment and culture, one that promotes positive relationships, values diversity and supports the development of student's social and emotional skills and dispositions.

KIS 1: Develop MCHS as a vibrant, inclusive learning community - building sustainable and strong relationships with the students, parents (caregivers), health personnel and the students regular educational provider.
KIS 2: Design a whole school approach to build a positive school culture and enhance wellbeing.

Monash Children's Hospital School staff continued to immerse themselves into the culture of Monash Children's Hospital. This immersion process allowed the MCHS staff to further develop and refine practices and programs that meet the needs of each young person as they transition through the treatment, recovery and reintegration phases. The MCHS model allowed education and health colleagues to work together as members of a multidisciplinary treating team. This provided a holistic approach to the care and education of the young person. Together health and educational professionals aligned treatment and education, informed one another's practices, provided different perspectives of the child, utilised one another's strengths and built a holistic understanding of the young person.The introduction of the on-line platform - 'OneDrive' allowed staff to genuinely capture the child's teaching and learning program, document the planning for future learning and accurately record communications between all key stakeholders. This allowed for greater accessibility and transparency of information for every child that could then be shared between all MCHS staff members. This in turn has further strengthened the teacher's capacity to provide a highly personalised program that targets the needs of each child.

A 'coaching' approach was adopted by MCHS and this proved to be a powerful mechanism to strengthen the staff member's capacity in all domains of teaching and learning, especially in the areas of literacy, numeracy, RRRR and personalised learning. Professional learning teams in literacy, numeracy and RRRR provided an excellent base for this coaching model, allowing for staff members to coach and be coached. Staff supervision continued to be implemented throughout the year. This supervision program was developed as MCHS wanted to ensure staff were supported in a proactive manner rather than being reactive when and after issues arose. i.e. death of patients, patients moving to ICU, patient's health condition declines etc. Staff members attend daily/weekly handovers where information about each child is shared by members of the medical/health treating team. Teachers are allocated to specialised areas (bed-card) to ensure communication between the health professionals and school staff is transparent and effective. This allows MCHS staff to be aware of the specific needs of each young person and in turn deliver a program that is catering for their needs at any given point of time.

Financial performance and position

The annual result was in surplus and this was strategically planned for. Equity funding of $2,500 was used to purchase specific language resources and equipment for children with specific needs and other funds came directly from the 2019 Student Resource Package (SRP).The school is in its second year of operation and its role is continually evolving. The major spend has been around resources to equip a relatively new school, one where a personalised program for teaching and learning is fundamental. Specific furniture and equipment was purchased to provide the best learning environment for the patients/students. Additional costs have been directed for wellbeing and supervision of staff who work in this health/education setting - this support has been critical. The surplus was strategically planned as the school will increase the educational support for students who are inpatients, outpatients or are involved in Monash Health outreach community programs in 2020. The surplus will provide the financial resourcing for this natural expansion of Monash Children's Hospital School.

For more detailed information regarding our school please visit our website at
https://monashchildrenshospital.org/school/

Performance Summary

The Government School Performance Summary provides an overview of how this school is contributing to the objectives of the Education State and how it compares to other Victorian Government schools.

All schools work in partnership with their school community to improve outcomes for children and young people. Sharing this information with parents and the wider school community helps to support community engagement in student learning, a key priority of the Framework for Improving Student Outcomes.

Members of the community can contact the school for an accessible version of these data tables if required.

Key: Range of results for the middle 60% of Victorian Government Special Schools:
Results for this school: ● Median of all Victorian Government Special Schools: ◆

School Profile

Enrolment Profile

A total of 0 students were enrolled at this school in 2019, 0 female and 0 male.

0 percent were EAL (English as an Additional Language) students and 0 percent ATSI (Aboriginal and Torres Strait Islander) students.

Overall Socio-Economic Profile

Based on the school's Student Family Occupation and Education index which takes into account parents' occupations and education.

No Data Available

Parent Satisfaction Summary

Measures the percent endorsement by parents on their school satisfaction level, as reported in the annual *Parent Opinion Survey*. The percent endorsement indicates the percent of positive responses (agree or strongly agree).

Data is suppressed for schools with three or less respondents to the survey for confidentiality reasons.

No Data Available

School Staff Survey

Measures the percent endorsement by staff on School Climate, as reported in the annual *School Staff Survey*. The percent endorsement indicates the percent of positive responses (agree or strongly agree).

Data is suppressed for schools with three or less respondents to the survey for confidentiality reasons.

Performance Summary

Achievement	Student Outcomes
Teacher Judgement of student achievement Percentage of students working at each Standard in: • English • Mathematics For further details refer to *How to read the Annual Report.*	**Results: English** No Data Available **Results: Mathematics** No Data Available

Performance Summary

Engagement	Student Outcomes

Average Number of Student Absence Days

Average days absent per full time equivalent (FTE) student per year. Common reasons for non-attendance include illness and extended family holidays.

Absence from school can impact on students' learning.

Year	2016	2017	2018	2019	4-year average
Average absence days	ND	ND	ND	ND	ND

Exit destinations

Percentage of students going on to further studies or full-time employment.

Note: This measure uses data from the previous year. Data excludes destinations recorded as 'Unknown'.

Year	2016	2017	2018	2019	4-year average
% of students to further studies or employment	ND	ND	ND	ND	ND

Financial Performance and Position

Commentary on the financial performance and position is included in the About Our School section at the start of this report

Financial Performance - Operating Statement Summary for the year ending 31 December, 2019	
Revenue	**Actual**
Student Resource Package	$5,492,162
Government Provided DET Grants	$230,203
Revenue Other	$4,441
Locally Raised Funds	$2,732
Total Operating Revenue	**$5,729,538**

Equity[1]	
Equity (Social Disadvantage)	$5,000
Equity Total	**$5,000**

Expenditure	
Student Resource Package[2]	$2,203,825
Communication Costs	$2,598
Consumables	$47,463
Miscellaneous Expense[3]	$21,473
Professional Development	$17,179
Property and Equipment Services	$63,563
Salaries & Allowances[4]	$107,490
Trading & Fundraising	$2,896
Travel & Subsistence	$23,288
Total Operating Expenditure	**$2,489,775**
Net Operating Surplus/-Deficit	**$3,239,763**
Asset Acquisitions	**$0**

Financial Position as at 31 December, 2019	
Funds Available	**Actual**
High Yield Investment Account	$198,728
Official Account	$59,373
Total Funds Available	**$258,101**

Financial Commitments	
Operating Reserve	$45,053
Other Recurrent Expenditure	$1,361
School Based Programs	$107,000
Capital - Buildings/Grounds > 12 months	$145,000
Total Financial Commitments	**$298,414**

(1) The Equity funding reported above is a subset of overall revenue reported by the school
(2) Student Resource Package Expenditure figures are as of 26 February 2020 and are subject to change during the reconciliation process.
(3) Misc Expenses may include bank charges, health and personal development, administration charges, camp/excursion costs and taxation charges.
(4) Salaries and Allowances refers to school-level payroll.

All funds received from the Department, or raised by the school, have been expended, or committed to subsequent years, to support the achievement of educational outcomes and other operational needs of the school, consistent with Department policies, School Council approvals and the intent/purposes for which funding was provided or raised.

How to read the Annual Report

What does the *About Our School* section refer to?

The About Our School page provides a brief background on the school, an outline of the school's performance over the year and plans for the future.

The 'School Context' describes the school's vision, values and purpose. Details include the school's geographic location, size and structure, social characteristics, enrolment characteristics and special programs.

The 'Framework for Improving Student Outcomes (FISO)' section includes the improvement initiatives the school has selected and the progress they have made towards achieving them

What does the *Performance Summary* section of this report refer to?

The Performance Summary reports on data in key areas:

Achievement
Student achievements in :
- English and Mathematics

Engagement
- student attendance and engagement at school
- how many students leaving school go on to further studies or full-time work (secondary, P-12 and specialist schools)

What is the meaning of '*Data not available'* or *'ND'* mean?

Some schools have too few students enrolled to provide data. There may be no students enrolled in some year levels, so school comparisons are not possible.

New schools have only the latest year of data and no comparative data from previous years.

The Department also recognises unique circumstances in Specialist, Select Entry, English Language and Community Schools where school-to-school comparisons are not appropriate.

Towards Foundation Level Victorian Curriculum

The 'Towards Foundation Level Victorian Curriculum' is integrated directly into the curriculum and is referred to as 'Levels A to D'.

'Levels A to D' may be used for students with a disability or students who may have additional learning needs.